

## TRUSTEE'S NOTICE OF DEPOSIT OF UNCLAIMED FUNDS

Case # : 13-32138

Debtors: Lisa Bone Ledford  
103 Country Classic Lane  
Bessemer City, NC 28016-9717

Account Number: 7226

Creditor Information: CAROMONT REGIONAL MEDICAL CENTER  
PO BOX 405336  
ATLANTA, GA 30384

Amount of Turnover: \$289.29

94-Dsb Ck-Crdtr Prin

**Total Turnover Amount \$289.29**

Dated: 09/28/2018

Warren L. Tadlock  
Chapter 13 Trustee

**FILED**  
U.S. BANKRUPTCY COURT  
WESTERN DISTRICT OF NC  
OCT 01 2018  
STEVEN T. SALATA, CLERK  
CHARLOTTE DIVISION  
MOW